

PENINSULA COMMUNITY
HEALTH SERVICES



MEDICAL • EYE CARE
PHYSICAL & OCCUPATIONAL THERAPY
DENTAL • BEHAVIORAL HEALTH

EMPLOYMENT APPLICATION

230 E. Marydale, Soldotna AK 99669
Tel: 907/260-5017 Fax: 907/260-7358
www.pchsak.org

Today's Date: _____

Name of Applicant: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____

Telephone Number: _____ E-mail address: _____

Cell Phone Number: _____

What position are you seeking? _____

When will you be available for work? _____

What hours are you seeking? _____ (Hours per week) Part time Full time

Can you perform the essential functions of the position for which you have applied? (If you have questions regarding essential functions, please ask before answering). Yes No

Have you previously been employed with this organization Yes No

If so, when? _____ What was your position? _____

Do you have friends or relatives working at this organization? Yes No

If so, who are they? _____

If you are under 18, can you furnish a work permit? Yes No

Are you legally eligible for employment in this country? (Proof is required upon hire) Yes No

How did you learn about this position? _____

Are you on a lay-off status and subject to recall? Yes No

If required, will you undergo a pre-employment physical? Yes No

Are you computer literate? Yes No

How many words/minute do you type? _____ (Required)

References: Name three (3) people who have known you at least one (1) year in a work or volunteer capacity that we may contact (do not include relatives or personnel of this organization):

Name	Address	Phone Number	Occupation	Years known

EDUCATION: Please fill in your educational background below.

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma/Certs	Major
High School					
College					
Technical or Other					

EMPLOYMENT RECORD: Please fill in your work history record as completely as possible, starting with your present or most recent employer. Insert additional information sheets as necessary. Show unemployment or self-employment periods and indicate dates and comments for each period. **Please attach resume.**

Company Name and Address (start with most recent position)	Supervisor Name and Phone #	Your Job Title	Employment Dates	Rate of Pay	Reason for Leaving

List any educational activities or awards relevant to the position:

List any special training or skills relevant to the position you are seeking:

May we contact all of the employers listed on this application?

Yes No

If "no," please indicate who you do not want us to contact regarding your employment:

Do you foresee any transportation problems in getting to and from work?

Yes No

If "yes," what are they?

APPLICANT'S STATEMENT:

I understand that the employer follows an "at will employment" policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment. I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I voluntarily authorize any present or former employer, firm, school, hospital, university, or government agency and it's employees or agents to release any and all information concerning my former position to any prospective employer, or it's employees or agents, making a request for such information. I understand that the information may include, but is not necessarily limited to, performance reports, transcripts, job descriptions, disciplinary reports and opinions regarding my suitability for the position.

I voluntarily release and hold harmless former employers, schools, hospitals or government agencies, and their employees or agents from any and all claims, liabilities, or damages arising from the disclosure or release of information or opinions concerning my professional qualifications.

I certify that all the statements herein are true and correct to the best of my knowledge and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

I agree to submit to any pre-hire testing PCHS requires.

I am aware of and agree to a background check required by the Alaska Background Check Program and pre-hire drug screen. I acknowledge that I must clear both before a formal offer can be made by PCHS.

_____ (initial)

Your Name (please print) _____

Your Signature: _____ Date: _____

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